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| 9 | BEFORE THE | |
| 10 | MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS | |
| 11 | STATE OF CALIFORNIA | |
| 12 | | 1 |
| .13 | In the Matter of the Accusation Against: | Case No. 800-2021-074116 |
| 14 | GEORGE WILLIAM WILSON, M.D. | ACCUSATION |
| 15 | 72-780 Country Club Drive, Building B, Suite 205A | · . |
| 16 | Rancho Mirage, CA 92270 | , |
| 17 | Physician's and Surgeon's Certificate No. G 10335, | |
| 18 | Respondent. | |
| 19 | | |
| 20 | <u>PARTIES</u> | |
| 21 | 1. Reji Verghese (Complainant) brings this Accusation solely in his official capacity as | |
| 22 | the Interim Executive Director of the Medical Board of California, Department of Consumer | |
| 23 | Affairs (Board). | |
| 24 | 2. On or about December 21, 1964, the Medical Board issued Physician's and Surgeon's | |
| 25 | Certificate No. G 10335 to George William Wilson, M.D. (Respondent). The Physician's and | |
| 26 | Surgeon's Certificate was in full force and effect at all times relevant to the charges brought | |
| 27 | herein and will expire on December 31, 2023, unless renewed. | |
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JURISDICTION

- 3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
 - 4. Section 2227 of the Code states, in pertinent part:
 - (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
 - (1) Have his or her license revoked upon order of the board.
 - (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
 - (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
 - (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
 - (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
 - 5. Section 2234 of the Code, states, in pertinent part:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but

licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

- (h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.
- (i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

FIRST CAUSE FOR DISCIPLINE (Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 10335 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereafter:

Patient A

- 9. In or around December 2020, Patient A, an 85-year old male, was an established patient of Respondent, a primary care physician. Patient A had a history of heart disease that was known to Respondent. On or about December 9, 2020, Patient A's wife spoke to Respondent on the phone. She told Respondent that she and her husband had tested positive for COVID-19. At that time, due to the pandemic, Respondent was not seeing COVID-19 patients in person. Patient A's wife told Respondent that Patient A was having breathing issues. Respondent issued prescriptions for azithromycin² and hydroxychloroquine³ to treat Patient A.
- 10. On or about December 11, 2020, Respondent faxed the azithromycin and hydroxychloroquine prescriptions to a pharmacy. In response to Respondent's faxed

¹ The patient's name has been omitted to protect his privacy.
² Azithromycin, brand name Zithromax, is an antibiotic.

³ Hydroxychloroquine, brand name Plaquenil, is a medication used treat malaria and lupus. On or about March 28, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) permitting licensed practitioners to prescribe hydroxychloroquine to treat COVID-19 in adolescent and adult patients who weigh 50 kilograms or more, are hospitalized for COVID-19, and for whom a clinical trial is not available or participation is not feasible. On or about June 15, 2020, the FDA revoked the EUA for hydroxychloroquine because it was no longer reasonable to believe that the medication may be effective in treating COVID-19, nor was it reasonable to believe that the known potential benefits of this medication outweigh the known and potential risks.

prescriptions, a pharmacist informed Respondent that she would not fill the prescriptions for Patient A because hydroxychloroquine did not benefit most patients and had negative side effects. Shortly thereafter, Respondent contacted another pharmacy, which filled the azithromycin and hydroxychloroquine prescriptions for Patient A without incident.

- 11. On or about December 14, 2020, Patient A went to the hospital for low oxygen saturation and dehydration. In the emergency department, after Patient A's oxygen levels improved, he went home.
- 12. On or about December 16, 2020, Patient A's wife called Respondent and reported that Patient A's oxygen levels were decreasing. On or about the same day, Patient A was admitted to the hospital for acute respiratory failure with hypoxia secondary to COVID-19 pneumonia and cardiac ischemia. At admission, Patient A's oxygen saturation was in the mideighties. At the hospital, Patient A was given supportive therapies. On or about December 26, 2020, given Patient A's poor prognosis, his family elected to pursue comfort measures at home. Patient A died on or about December 27, 2020.
- 13. Respondent committed gross negligence in his care and treatment of Patient A which includes, but is not limited to, the following:
 - a. Respondent inappropriately prescribed hydroxychloroquine and/or azithromycin to Patient A, putting Patient A at risk for a serious adverse event or death; and
 - b. Respondent failed to document and/or failed to properly store medical records pertaining to his telephone encounter to treat Patient A for COVID-19, prescribe medications to treat COVID-19, and discuss the risks and benefits of prescribing these high risk medications off-label.

SECOND CAUSE FOR DISCIPLINE (Repeated Negligent Acts)

14. Respondent has further subjected his Physician's and Surgeon's Certificate
No. G 10335 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
subdivision (c), of the Code, in that he committed repeated negligent acts in his care and